BEST AVAILABLE GOPPICAtion or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09/757/636

| CLAIMS AS FILED - PART I (Column 1) | | | | | l (Colui | mn 2) | | SMALL ENTITY TYPE | | OR | OTHER THAN R SMALL ENTITY | |
|---|---|---|--------------|-------------------------------|------------------------------|------------------|---|---------------------|---------------------------------------|-----|---------------------------|------------------------|
| TOTAL CLAIMS | | | | | | | ſ | RATE | FEE |] | RATE | FEE |
| FOR | | | NUMBER FILED | | SIM AV PRACTICAL | ER EXTRA | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| то | TAL CHARGEA | BLE CLAIMS | ∫ | | • | | | X\$ 9= | | OR | X\$18= | |
| IND | EPENDENT CL | AIMS | 3 minus 3 = | | • | | | X40= | | OR | X80= | • |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | Ì | +135= | | OR | +270= | • |
| * If the difference in column 1 is less than zero, enter "0" in | | | | | r "0" in c | olumn 2 | L | TOTAL | 25500 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL | NTITY | OR | OTHER SMALL | 1 |
| AMENDMENT A | | CLAIMS . REMAINING . AFTER . AMENDMENT | | HIGH NUM PREVIO PAID | IEST IBER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | 5 01 4114 | = | | X40= | | OR | X80= | |
| L | FIRST PRESE | NTATION OF M | ULTIPLE DEP | ENDEN | CLAIM | | | +135= | | OR | +270= | |
| | | | | | | | L | TOTAL ADDIT. FEE | · · · · · · · · · · · · · · · · · · · | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | , | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | NTATION OF M | Minus | *** | F CL AIAA | = | | _X40= | | OR- | _X80= | |
| <u> </u> | FIRST PRESE | NTATION OF MI | JETIPLE DEP | ENDEN | CLANV | | | +135= | | OR | +270= | |
| | | | | | | | L | TOTAL ADDIT. FEE | | OR | TOTAL. ADDIT. FEE | |
| | | (Column 1) | | (Colu | | (Column 3) | · | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | - | IBER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | •• | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | | Minus | *** | | <u>-</u> | ı | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | OR | +270= | |
| | | mn 1 is less than t | | | | | L | TOTAL | | | TOTAL | |
| | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE | | | | | | | | | | | |